

# **COMMANDER AND UNIT PREVENTION LEADER (UPL) MILITARY BIOCHEMICAL COLLECTION STANDARD OPERATING PROCEDURES**

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**1 April 2005**  
(Replaces May 2003 Version)



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IMNW-CAR-HR-A

1 April 2005

SUBJECT: Commander/Unit Prevention Leader (UPL) Military Biochemical Collection  
Standard Operating Procedures (SOP)

**1. Summary.** This SOP governs the ASAP-FC Installation Military Biochemical Testing Program. It identifies Army policy on alcohol and other drug abuse, and assigns responsibilities for implementing the biochemical testing program.

**2. Army Management Control Process.** This SOP contains management control provisions and identifies key internal controls that must be evaluated.

**3. Purpose.** This SOP provides additional guidelines and mandatory instructions on the local procedures that must be followed in the performance of collecting, handling, and shipping of urine specimens. These procedures are to be used in conjunction with those set forth in AR 600-85, Department of Defense Directives and Instructions, Army Center for Substance Abuse Programs (ACSAP) Memoranda, Guidebooks and Handbooks. It also supports and maintains Soldier readiness and wellbeing through implementation of a quality biochemical collection process.

**4. Applicability.** This SOP applies to all organizations served by the ACSAP-FC.

**5. References.**

- a. AR 600-85, Army Substance Abuse Program (ASAP), dated 1 October 2001.
- b. DOD Directive 1010.1, Military Personnel Drug Abuse Testing Program, dated 9 Dec 1994, with Change 1, dated 11 Jan 1999.
- c. Assistant Secretary of Defense, Department Drug Demand Reduction Policy Memorandum, dated 1 October 2003.
- d. Army Center for Substance Abuse Programs (ACSAP) SOP for Installation Collection, Handling, and Shipping of Urine Samples, current edition, herein referred to as the ASCAP UPL Handbook.
- e. Commanders Guide & Unit Prevention Leader (UPL) Urinalysis Collection

Handbook, current edition, herein referred to as ACSAP UPL Handbook.

**6. ASAP principle.** An active and aggressive biochemical testing program serves as a powerful tool and effective deterrent against alcohol and other drug abuse.

**7. Biochemical Objectives (see AR 600-85, Paragraph 8-1).** The objectives of the Army's Biochemical Testing Program are to:

a. Deter Soldiers, including those members on initial entry on AD after enlistment or appointment, from abusing drugs (including illegal drugs, other illicit substances, and prescribed medication).

b. Facilitate early identification of alcohol and/or other drug abuse.

c. Enable commanders to assess the security, military fitness, good order and discipline of their units, and to use information obtained to take appropriate action (for example, UCMJ, administrative, or other actions, including referral to the ASAP counseling center for screening, evaluation, and possible treatment).

d. Monitor rehabilitation of those enrolled for alcohol and/or other drug abuse.

e. Collect data on the prevalence of alcohol and/or other drug abuse within the Army.

## CHAPTER 2

### **ROLES AND RESPONSIBILITIES**

**1. Command Program.** ASAP-FC is a command program with numerous resources available to assist the commander and staff. Commanders must become familiar with and implement the principles of ASAP alcohol and drug prevention programs, services, and efforts to reduce the risks of abuse.

a. **Commanders of corps, division, brigade, and battalions.** Commanders at these levels will—

(1) Monitor the implementation of appropriate initiatives of the ASAP by their subordinate units.

(2) Appoint an officer or noncommissioned officer (E-5 or above) on orders as the UPL who must be certified through required UPL training addressed in Chapter 4 of this SOP. A background check (see Chapter 4) must be accomplished on all UPL candidates. With information provided through background check, the commander will have final decision regarding UPL's eligibility.

b. **Commanders of companies, detachments, and equivalent units.** Commanders at these levels will—

(1) **UPL.** Appoint, on Additional Duty Appointment Orders, one or more Soldiers, grade E-5 or above, to serve as a UPL. These Soldiers should possess sufficient skill, integrity, and maturity to carry out highly sensitive duties. Commanders must ensure that the criteria outlined in this SOP, Chapter 4, are met when selecting potential UPLs.

(2) **Observer.** Designate one or more Soldiers, grade E-5 or above (preferably alternate UPLs), to serve as observers during urinalysis. Observers should possess sufficient maturity and integrity to ensure that urine specimens provided under their observation are not contaminated or altered in any way. Where possible, observers should be superiors in chain of command of Soldiers providing specimens. Individuals, who are referred or enrolled in the ASAP Clinic, previously relieved from UPL duties, or there is known derogatory information in his/her background that would jeopardize the integrity of the test, should not be used for observer duties.

(3) **Testing Area Monitor.** Appoint a testing monitor, E-5 or above, to monitor the testing area and to assist the primary UPL with managing collection procedures in an appropriate manner.

(4) **"Smart Testing."** Directs deterrent testing on a monthly basis and applies "Smart Testing" (See ACSAP UPL Handbook, Page II - 22) initiatives to ensure an effective unit urinalysis testing program. Works closely with the UPL(s) and the ASAP-FC staff to prevent predictable testing patterns and ensures that directed urine tests

conform to provisions of this SOP and AR 600-85. The number of personnel informed about the testing dates must be kept to an absolute minimum.

(5) **Unit SOP.** Coordinates with the UPL to establish and maintain a current Unit Substance Abuse Program (SAP) SOP, or at a minimum, a Unit Urinalysis Collection Policy Letter. The unit's SOP or Policy Letter must incorporate this SOP into the unit SOP or cover incidents such as:

- a) Individuals who cannot urinate.
- b) Tampering with or adulteration of specimens.
- c) Bottles that do not contain the minimum amount of specimen.
- d) Specimen spills and proper disposal of waste.
- e) How to correct errors on the label, DD Form 2624, and Testing Register.
- f) What to do about Soldiers that do not have their ID card available.

(6) **Commander Briefing.** Brief personnel selected to participate in urinalysis testing (See ACSAP UPL Handbook, Chapter 3, Page II – 52).

(7) Coordinate with UPL and/or Installation Biochemical Test Coordinator (IBTC) for required support for directed urine tests to determine if personnel and supply resources are available.

(8) Release certified UPLs to attend annual Re-certification Training to maintain UPL testing privileges and receive updated information.

(9) Implement and maintain a Prevention Plan that summarizes unit drug and alcohol policies and the unit prevention education training program within the unit. The Unit Prevention Plan may be outlined in the Unit SAP SOP.

(10) Ensure all incoming personnel are briefed, within 60 days of signing into unit, about consequences of drug abuse, frequency of urinalysis testing, ASAP policies and services, and brigade/battalion/company policies.

(11) Implement ASAP prevention and education initiatives addressed in AR 600-85, paragraph 2-6. All Soldiers will receive a minimum of 4 hours of alcohol and other drug awareness training per year. Ensure that this education is reflected on unit training schedules.

(12) Identify and refer personnel to the ASAP Clinic for early abuse intervention and monitor progress of enrolled Soldiers.



- (13) Ensure the UPL has storage facilities IAW this SOP (see Chapter 12).
- (14) Maintain liaison with ASAP clinical and non-clinical personnel.
- (15) Maintain ASAP elements while deployed, to the maximum extent possible.
- (16) Support positive and nonattributional approaches to Soldier risk reduction.
- (17) Work with the Risk Reduction Coordinator and the Installation Prevention Team (IPT) in designing and effecting prevention and intervention approaches.
- (18) Immediately report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the Provost Marshal (PM) for investigation or referral to the USACIDC. This includes all (inspection/probable cause) positive test results that do not require a medical review as directed by USAMEDCOM (See Chapter 14 for more information). Positive tests that require MRO review as directed by USAMEDCOM will not be reported until receipt of the MRO's findings show illegal use and coordination with the local staff judge advocate (SJA)/legal advisor.
- (19) Assess programs and provide feedback to the Risk Reduction Coordinator and IPT for program improvements.
- (20) Other responsibilities as outlined in AR 600-85.

**2. Unit Prevention Leaders.** (See AR 600-85, Paragraph 1-27, Chapter 8, and Appendix E for a complete list of UPL responsibilities). UPLs are the commanders key personnel for developing and maintaining an effective unit substance abuse prevention and deterrence program. It requires leadership skills, tact, professionalism, and integrity to perform this assignment, under sometimes difficult circumstances, in an ethical and responsible manner. UPLs must be able to express concerns governing the program to their commander for adherence to regulations. UPL duties include, but are not limited to:

- a. Successful completion of the Fort Carson ASAP UPL Certification Training and subsequent and/or annual Recertification training courses to remain technically proficient, per Chapter 4, this SOP.
- b. Liaison with the ASAP Office. Scheduling urinalysis tests with the BTC, picking up distribution/testing results, etc.
- c. Train and brief Observers (See ACSAP UPL Handbook, Page II - 33).
- d. Prevention/Education. In conjunction with unit commander, establish and maintain a prevention plan to include a drug and alcohol prevention education and substance abuse awareness program. (See Chapter 3)

(1) Maintain copies of unit training schedules that reflect Drug and/or Alcohol Awareness or Prevention Training.

(2) Maintain copies of sign-in rosters for all Drug and/or Alcohol Awareness or Prevention Training.

e. Urinalysis Program. Design, implement and conduct the biochemical testing program and coordinate with the unit commander to establish and maintain a current Unit SAP SOP, or at a minimum, a Unit Urinalysis Collection Policy Letter. UPLs must be technically proficient and familiar with AR 600-85, ACSAP SOP, and local policies and must ensure that:

(1) Both the specimen donor and the observer maintain visual contact of the specimen bottle until it is initialed by all appropriate persons and sealed by the UPL.

(2) The proper chain of custody and security of the specimens are maintained at all times.

(3) Observers are properly trained and briefed prior to the unit collection.

(4) Urinalysis testing results are picked from the Installation Biochemical Collection Point (IBCP) within three weeks after specimens are turned in.

(5) All personnel who are selected for testing, but are not available for testing, are tracked and tested IAW the unit SOP.

f. A Unit Alcohol and Drug Abuse Prevention Bulletin Board is maintained IAW **Appendix A**, this SOP.

g. A Unit UPL Information Binder is maintained IAW **Appendix B**, this SOP.

### **3. Observers.**

a. Appointed by the Commander and will receive an oral and written briefing from the UPL prior to beginning any duties as an Observer, every time they act as an Observer.

b. Directly observe each Soldier voiding urine from the body into the bottle. Soldiers must be directly observed when providing urine specimens; however, they will be accorded maximum respect and concern for human dignity as much as possible under the particular circumstances

c. Ensures the chain of custody is not broken.

d. Advises the UPL about any Soldier attempting to contaminate or adulterate a specimen or otherwise trying to avoid proper procedures.

e. Must be an NCO/officer (E-5 or higher pay grade) and not enrolled in the ASAP Clinic.

f. Only observe Soldiers of the same gender.

g. Will work only for the assigned UPL.

h. Will observe only 1 Soldier at a time.

**4. Alcohol and Drug Control Officer (ADCO).** The ADCO provides the unit commander with ASAP consultation to assist in the identification and referral of individuals suspected of alcohol and/or other drug abuse. (See AR 600-85, paragraph 1-17, for a complete list of ADCO responsibilities.)

a. Responsible for keeping the Command informed about various unit statistics to include testing and/or positive trends, random testing, discrepancies, multiple positives, and Unit Risk Factors.

b. Coordinates all activities in the area of substance abuse to include education, prevention, training, rehabilitation, identification, referral, follow-up, and program evaluation to include drug urinalysis collection.

c. Supervises the allocation of testing quotas and coordinates urinalysis testing requirements for the installation.

d. All biochemical results are processed and forwarded through the ADCO.

e. Other responsibilities as outlined in AR 600-85.

**5. Installation Biochemical Test Coordinator (IBTC).** IBTC manages the installation biochemical program to include both military and civilian drug testing (See paragraph 1-19 and Chapter 8, AR 600-85 for a complete list of IBTC responsibilities.).

a. The IBTC coordinates, administers, and monitors all aspects of the Biochemical Testing Program.

b. Coordinates with UPL and arranges for the collection of specimens.

c. Serves as technical expert on biochemical testing requirements.

d. Interprets DOD, DA, and MACOM program guidance, regulations, and technical bulletins and develops local policies and procedures for implementation by unit commanders and the ASAP.

e. Reviews all documentation and chain of custody documents associated with the collection procedures

- f. Prepares and ships specimens to the servicing Forensic Toxicology Drug Testing Laboratory (FTDTL) by mail or commercial carrier.
- g. Assists in the development of a comprehensive training course for UPLs to ensure adherence to regulations, policies, and standing operating procedures.
- h. Serves as an instructor in presenting Biochemical Testing regulations, policies, and other pertinent information.
- i. Reports all positive urinalysis results to the ADCO and the respective Commander.
- j. Collects, maintains and reports statistical data on the Biochemical Testing Program.
- k. Manages the allocation of testing quotas and assists with the coordination of urinalysis testing requirements for the installation.
- l. Procures and maintains supplies sufficient enough to support their Command's Biochemical Testing Program.
- m. Coordinates and/or conducts at least annual inspections of all units assigned to Fort Carson to ensure regulations, policies, and standard operating procedures are adhered to during unit collections.
- n. Other responsibilities as outlined in AR 600-85.

**6. The Prevention Coordinator (PC).** The PC promotes ASAP services, provides prevention education services, and oversees the training of UPLs (See Response 3a above). (See AR 600-85, Paragraph 1-18, for a complete list of PC responsibilities.)

**7. The Soldier Risk Reduction Program (SRRP).** The SRRP coordinates and facilitates data collection, analysis, command consultation and prevention/intervention delivery approaches and systems to support Soldier and family readiness and well-being by facilitating collaborative efforts an Installation Prevention Team (IPT) (See AR 600-85, Paragraph 1-23 for a complete list of SRRP responsibilities.)

**8. ASAP-Clinical Services.** The local ASAP Counseling Center, located at Evans Army Community Hospital (Psychiatric, Mental Health and Social Services on 4-West) is one of the Commander's primary referrals for all unit drug positives that provides the unit Commander with a wide range of clinicians to assess, screen, evaluate, and treat alcohol and/or other drug abusers.

## CHAPTER 3

### **PREVENTION EDUCATION**

**1. Marketing the Program.** The UPL must set the example for other members of the unit to follow. This means avoiding the appearance of abusing alcohol or using illegal drugs. It also means submission of urinalysis specimens when selected to test and discretion when drinking alcohol in clubs or at unit functions. The UPL must be conscious that others hold the UPL to higher standards than they hold for themselves; they expect the UPL to **set** the standard.

a. Marketing the ASAP also means approaching the chain of command and discussing additional prevention training, biochemical testing, organized leisure time activities, looking out for the well-being of unit members and assisting the Commander in leadership counseling.

b. Being technically proficient and "Walking the Walk" builds a strong professional image for the UPL. Add "being a friend" to this image and the UPL will build a bond of trust between him/herself and members of the unit.

**2. Training and Education.** The UPL conducts unit level training to inform Soldiers about the services offered by the ASAP, the Limited Use Policy, basic facts about the dangers of alcohol and other drug abuse, drinking and driving regulations and personal and career consequences of substance abuse. Specific prevention education and training objectives are discussed in AR 600-85, Chapter 2. UPL training responsibilities include, but are not limited to:

a. Ensuring that each unit member receives at least four hours of training each year. All Soldiers will receive a minimum of 4 hours of alcohol and other drug awareness training per year.

b. Ensuring that all supervisors and unit leaders receive an additional three hours of annual prevention training. Coordinating and scheduling supervisor's training with the Prevention Coordinator, ASAP-FC. Leadership training in substance abuse prevention and risk reduction will occur at all levels to include brigade, battalion, and company elements. Supervisory substance abuse prevention and risk reduction education and training for individuals with command and/or first-line supervisory (that is, Sergeant to Captain) responsibility will occur within 60 days after such designation.

c. Ensuring that all new Soldiers are properly assimilated into the unit's substance abuse prevention program.

d. Ensuring all drug and alcohol prevention training is included on the unit training schedule. UPLs must maintain copies of training schedules and sign-in sheets that reflect drug and/or alcohol awareness or prevention training to show proof of training

during Unannounced Unit Inspections (Chapter 5, paragraph 8).

e. Obtaining and maintaining the latest literature on alcohol and drug abuse and distributing it to unit members. Ensuring material is up to date and displayed in the unit dayroom and on the bulletin board.

f. Meeting regularly with the chain of command to discuss prevention needs and training, and with the ASAP education staff to update information on training materials and events.

g. Organizing and publicizing leisure activities for the unit which show the value of releasing stress and having fun in a healthy and alcohol/drug free manner.

## CHAPTER 4

### UNIT PREVENTION LEADER CERTIFICATION

1. UPLs **must** be certified by the Fort Carson ASAP prior to the commencement of UPL duties. Candidates for Certification Training must have at least one-year retainability in the current command, not be enrolled at the ASAP Clinic, and must not be undergoing investigation or disciplinary action. Training Courses that are provided include:

a. UPL Training (40 contact hours) to become a certified UPL. Upon successful completion of this training the UPL will be certified for one year.

b. Annual UPL Re-certification. Once certified, UPLs are required to attend re-certification training on an annual basis to maintain certification status.

c. Drug Testing Program (DTP) Training. Computer class that familiarizes UPLs with the Army standardized random selection and document preparation program.

d. Deployment Testing and Packaging Training. Training provided to deploying UPLs on urinalysis testing in deployment areas.

2. Certification of all UPLs will include the following:

a. Submission to a biochemical test for drugs.

b. Completion of a Certification Packet on each nominated UPL, prior to the beginning of the UPL Certification Course. Certification Packet will include:

(1) Additional Duty Appointment Orders appointing Soldier as a UPL (**Appendix C**).

(2) Completed Criminal Records Check - Personal History Form, conducted by the Provost Marshall's Office (**Appendix D**), which reports that derogatory information was not found.

(3) Completed background check through the Department of the Army Drug and Alcohol Management Information System (DAMIS). This background check will be performed by an ASAP-FC staff member.

(4) Signed Privacy Act Statement (**Appendix E**).

(5) Competency Assessment Statement completed by the unit commander (**Appendix F**).

c. Successful completion of 40 hours of ACSAP mandated training provided by the

ASAP-FC staff to include a final written examination with a score of 80% or better. Upon successful completion each UPL will receive a certificate and UPL ID Card. The UPL ID Card will be proof of certification and must be provided during all interactions with ASAP-FC.

d. Submission of an established Unit SAP SOP that has been signed by the current commander.

3. Soldiers certified as a UPL at another installation must be certified by the Fort Carson ASAP, prior to commencement of UPL duties at this installation.

a. If the UPL has a certificate showing successful completion of 40 hours of training, provided by either an installation ASAP or ACSAP, within the prior 12 months, the UPL will have to:

(1) Attend a re-certification class through ASAP- FC and pass the ACSAP Certification Test.

(2) Complete the certification packet as listed in paragraph 2a, above.

b. If the UPL attended training that was less than 40 hours or the certification was more than 12 months ago, the UPL will have to participate in the ASAP-FC Certification as outlined in paragraph 2, above.

4. To maintain UPL certification and authorization to process urinalysis specimens the following is required:

a. UPLs must update their UPL Appointment Orders whenever their unit commander and/or unit changes. A copy of the updated orders must be furnished to the ASAP-FC.

b. Certified UPLs must update their knowledge about urinalysis testing procedures, regulations, changes in the Army's alcohol and drug policies, as well as current drug trends within the Ft. Carson community.

c. Attend Re-Certification Training on an annual basis (must be within 90 days of UPL ID Card expiration) and pass the re-certification test. UPLs who do not pass the re-certification test or who attempt to attend re-certification 91 days or more after the expiration of their UPL ID Cards will be required to repeat the 40 hour certification course.

d. Participate in unannounced urinalysis testing conducted at the discretion of the ADCO, and/or commander and receive a negative result.



5. Certification Expiration During Training Exercises, Deployments, and TDYs. UPLs must ensure that coordination is made to renew their UPL Certification prior to deploying on a field training exercise or actual deployment.

a. If a UPL's certification expires during a scheduled field training exercise or temporary duty and they exceed the expiration date by 90 days or more the UPL will be required to repeat the 40 hour certification course.

b. Certifications on UPLs who deploy with a current, valid certification card (must be valid at time of deployment) are automatically extended until the UPL returns to Fort Carson following completion of the deployment. For example, if a UPL deploys in January 05 with a certification card that expires in March 05 the certification is automatically extended until the completion of the deployment - no matter the length of the deployment. UPLs must recertify within 90 days of return to Fort Carson or they will be required to complete the 40-hour Certification Course.

5. The ADCO can recommend decertification of any UPL based on poor performance, failure to follow this SOP and/or referenced publications, impending disciplinary action, enrollment at the ASAP Clinic or other circumstances, on a case by case basis.

## CHAPTER 5

### URINALYSIS TESTING PROGRAM

1. The Army's method of drug testing is utilizing urinalysis specimens screened at a military Forensic Toxicology Drug Testing Laboratory (FTDTL). Most Soldier specimens collected at Ft. Carson are tested at Tripler Army Medical Center, Hawaii. The minimum amount of urine required for submission to the FTDTL is **45 ml**.
2. Biochemical tests will be conducted at the unit or elsewhere as the unit commander directs. Biochemical tests will **only** be administered by a UPL certified by the ASAP-FC following the procedures set forth in Chapter 4 of this SOP.
3. Prior to **any** unit biochemical testing coordination with the IBCP staff is necessary to ensure that adequate laboratory support and supplies are available. Turn-in of specimens is by appointment only. UPLs are responsible for scheduling the turn-in appointment by physically coming into the IBCP prior to beginning the urinalysis test.
4. When the unit commander directs partial or complete unit testing, **only those Soldiers who are TDY, on leave or pass, on sick call, or who have previously been relieved from duty (prior to being notified to report for scheduled testing) are exempt from testing at that time**; however, Soldiers that were not present for the test due to such an absence **must be tested as soon as possible after their return to duty**. The Unit SAP SOP or policy letter must outline when the test will be completed, i.e. within 3 working days or during the next unit urinalysis. The testing code used for these specimens will depend on unit SAP SOP and the version of DTP that is being used.
5. Use of the Drug Testing Program (DTP) or DTP Lite for donor selection and document preparation is mandatory. Exceptions to this policy will be considered on a case-by-case basis. The DTP Users Guide and software can be found at the ACSAP website, [www.acsap.army.mil](http://www.acsap.army.mil), under the header of "Drug Testing Program Links" located on the left side of the web page. Instructions for DTP Lite can be found at **Appendix G**.
6. Each unit will have enough specimen bottles on hand to test 100% of the unit strength. UPLs will ensure that empty urinalysis bottles are secured/locked in a wall locker, filing cabinet or desk at all times to preclude unauthorized access to specimen bottles. Personnel from ASAP-FC will inspect each unit's storage area and access to this area during unannounced urinalysis testing program inspections.
7. Commanders at Fort Carson are expected to test aggressively, at all times, to include while in Garrison, while training, and while on world wide missions (See the Fort Carson Deployment Urinalysis Testing SOP for more information). The minimum testing requirement is one random selection (Code IR) unit test of at

least 10% of the total unit strength per month. In addition, unit commanders may conduct testing of the entire unit (100% of unit strength at one time, Code IU), but will only take place after the monthly random testing has been completed. Urinalysis testing requirements will be dictated by the CG's Policy Memorandum, Subject: Biochemical (Urinalysis) Testing of Military Personnel Policy (**Appendix H**).

8. Units are subject to unannounced inspections of their urinalysis-testing program, conducted at the discretion of the ADCO, IBTC, or in conjunction with the Command Inspection Program.

a. Inspections will be conducted by a representative of the ASAP-FC using the checklist provided at **Appendix I**.

b. Inspections may include:

(1) Observation of an actual urinalysis test in progress.

(2) Review of the Alcohol and Drug Bulletin Board. (Requirements listed at **Appendix A**)

(3) Review of the UPL Information Binder (**Appendix B**), to include Unit SAP SOP or policy letter and command policy letters.

(4) Review of UPL files and testing documentation, i.e. unit ledger sheets, signed observer statements, follow-up testing, etc.

(5) Visual of storage facilities for:

(a) temporary storage of biochemical specimens

(b) supply storage

(c) Unit Urinalysis Ledgers

c. If unit specimen collection procedures grossly violate AR 600-85 or this SOP, the inspector will immediately contact the commander or 1SG and stop the urinalysis collection.

## CHAPTER 6

### CATEGORIES OF TESTING

Commanders may direct individual Soldiers, part of units, or entire units to submit to urine testing or alcohol breath testing in one or more of the ways listed below. The decision to test is a command judgment.

#### a. Probable Cause Basis for Testing (PO)

**\*\*NOTE: The commander should verify with the Office of the Staff Judge Advocate (OSJA) Office that he/she has probable cause prior to ordering this type of test. Trial Counsel is the usual point of contact.**

(1) Probable cause to search exists when there is a reasonable belief that the person, property, or evidence sought is located in the place or on the person to be searched.

(2) A determination of probable cause shall be based upon any or all of the following:

(a) Written statements communicated to the authorizing officer.

(b) Oral statements communicated to the authorizing officer.

(c) Such information as may be known by the authorizing officer that would not preclude the officer from action in an impartial fashion.

#### b. Inspections (IR, IU, IO)

(1) An inspection is an examination of the whole or part of a unit, organization, installation, vessel, aircraft, or vehicle; including an examination conducted at entrance and exit points, conducted as an incident of command. The primary purpose of an inspection is to determine and to ensure the security, military fitness, or good order and discipline of the unit, organization, installation, vessel, aircraft, or vehicle. (See ACSAP UPL Handbook, Chapter 8 - Random Selection Methods)

(2) General reasons for conducting inspections:

(a) To insure that the command is properly equipped and functioning properly.

(b) To maintain readiness, sea or airworthiness, sanitation and cleanliness.

(c) To insure that personnel are present, fit and ready for duty.

(3) Inspection Random (IR) – Commander directed partial unit test. Used for normal monthly random selection testing (i.e. 10% unit testing).

(4) Inspection Unit (IU) – Commander directed unit sweep. Used for 100% unit testing.

(5) Inspection Other (IO) – Inspections based on command/unit policy. Used to test individuals based on a commander's policy letter or SOP (i.e. individuals after 30 days leave, newly arrived personnel, re-tests of rejected previously collected specimens).

(6) Inspections **must not** be used to evade probable cause requirements. Commanders may not order testing prompted by suspicion of unlawful conduct without probable cause. Commanders should consult with their unit's Trial Counsel about proper testing justification.

c. Fitness for Duty (CO)

(1) Commanders may direct urine testing or alcohol breath testing when there is a reasonable suspicion that a Soldier is using a controlled substance or has a blood alcohol level of .05 percent or above while on duty.

(2) Reasonable suspicion must be based upon information that possesses some internal indication of reliability, such as naming specific individuals, drug involved, and general time frame that the drug was used.

(3) Evidence obtained through fitness for duty testing may be used in administrative separation actions, but not on the issue of characterization of service.

d. Consent (VO)

(1) To be valid, consent must be given voluntarily. "Consent or be ordered" is not valid consent.

(2) Commanders should simply request consent without indicating that he/she has authority to order the urine test (Consent is more likely to be voluntary).

e. Accident/Mishap (AO)

(1) When a Soldier is involved in an accident that involves injury to Soldier(s) or damage to government property.

(2) The accident or mishap must have occurred while the Soldier was on duty and performing official duties.

(3) Requests for blood tests will be coordinated through OSJA and Evans Army Community Hospital.

f. Physician Directed (MO)

(1) A physician may direct a Soldier patient to submit a urine specimen when he/she feels that the Soldier is using controlled substances and wants to ascertain whether the Soldier requires counseling, treatment, or rehabilitation.

(2) A physician may request a urine specimen from a Soldier patient for any valid medical reason.

g. Rehabilitation Testing (RO). Only Soldiers enrolled as patients at the ASAP Clinic are subject to RO testing. RO testing assists the Soldier to resist temptation of repeated substance use or abuse and successfully complete the rehabilitation program. It is the responsibility of the Commander and UPL to ensure rehabilitation testing is completed.

(1) Patients will be tested under the testing code of "RO" on a monthly basis or as directed by the rehabilitation treatment plan.

(2) Soldiers enrolled in the ASAP Clinic rehabilitation program will still participate in the unit's testing program and provide a urine specimen when selected for a unit test.

h. ASAP Staff Testing. UPLs are part of the ASAP staff and will be tested periodically, at the discretion of the unit commander or the local ADCO, on an unannounced basis. Unit Commanders and/or the IBTC will coordinate and schedule testing.

**\*\*NOTE: Some forms of testing fall under the Limited Use Policy (See ACSAP UPL Handbook, Page II - 108).**

## CHAPTER 7

### DOCUMENT PREPARATION

1. Use of DTP or DTP Lite for donor selection and document (bar-coded) preparation is mandatory. Exceptions to this policy, due to unusual circumstances, will be considered on a case-by-case basis. The DTP Users Guide and software can be found at the ACSAP website [www.acsap.army.mil](http://www.acsap.army.mil), under the header of "Drug Testing Program Links" located on the left side of the web page. Instructions for DTP Lite can be found at **Appendix G**. Samples of DTP or DTP Lite generated documents can be found at the following Appendixes:

- a. Specimen bottle label – Appendix K.
- b. DD Form 2624, Front – Appendix L.
- c. DD Form 2624, Back – Appendix M.
- d. Testing Register – Appendix N.

2. ***Manually (typed or hand written) completed specimen labels and documents will only be used in cases of unusual circumstance.***

3. All biochemical collection documents will be completed in black ink with a ball point pen. Due to the probability of smearing, roller ball, felt-tip or gel pens will not be used.

4. Preparation of Manual Documents.

a. **Specimen Bottle Labels**. Manually completed specimen labels will only be used in cases of unusual circumstances. The UPL will complete a permanent adhesive label, either typed or hand written in **black ink** and will annotate the following information: calendar date specimen was collected, Base/Area Code (Ft. Carson is FC05), UPL and donor's initials, and donor's complete SSN. A sample of a manually prepared label is shown at **Appendix K**.

b. **Specimen Custody Document - Drug Testing - DD Form 2624**. The DD Form 2624 must be completed using a black ballpoint pen. Chain of Custody, Block 12, on the back of DD Form 2624 must contain original signatures; stamps may be procured to annotate other information, for example, "placed in temporary storage", "released to Federal Express", etc. (See ACSAP UPL Handbook, Chapter 9, Paragraph 9-1). The following information will be recorded on the front side of DD Form 2624:

- (1) Block 1. ASAP-FC address.
- (2) Block 2. Specific unit address and unit commander's telephone number.

- (3) Block 3. Base/Area Code for Ft. Carson - FC05.
- (4) Block 4. Unit Identification Code (UIC). Every unit has a separate six-digit UIC code.
- (5) Block 5. Document/Batch Numbers are assigned during each urinalysis. Each DD Form 2624 will be assigned a separate document batch number. The first document batch number will be 01, the second 02, and the remaining numbered sequentially. Each batch number can only be used one time per test. With a new urinalysis testing date the batch number will reset to 01.
- (6) Block 6. Date specimen collected (YYYYMMDD) for example, a collection date of 1 March 2005, would read 20050301.
- (7) Block 7. Specimen number. The pre-printed numbers on the DD Form 2624 will be used as the specimen numbers.
- (8) Block 8. Enter complete SSN of Soldier to be tested.
- (9) Block 9. Test Basis.

TEST BASIS	TEST CODE
Probable cause	PO
Competency/fitness for duty	CO
Rehabilitation patient	RO
Entire unit (100%)	IU
Partial/random unit	IR
Per unit SAP SOP or policy letter	IO
Soldier consent	VO
Mishap investigation	AO
Medical	MO

- (10) Block 10. Test Information.  
A = E-1 thru E-4  
B = E-5 thru O-10
- (11) Block 11. Leave blank, not used.
- c. **Block 12. Chain of Custody (DD Form 2624).** The backside of DD Form 2624, Chain of Custody, records in chronological order when physical change of custody of the urinalysis specimen(s) occurs (example at **Appendix M**).
- (1) Chain of Custody Block #12a - Date when the urinalysis specimen was collected. The format used is YYMMDD, or 050201 for 1 February 2005.



(2) Chain of Custody Block #12b - Released By: Signature and printed or stamped name of person/location having custody of the urinalysis samples and releasing specimen to another person/location. ***First entry on Chain of Custody is always made by the UPL!!!***

c. Chain of Custody Block #12c - Received By: Signature and printed or stamped name of person/location receiving specimen from another person/location. Persons/locations receiving specimen will release specimen and document process in the ***next*** Released By field.

d. Chain of Custody Block #12d - Purpose of Change/Remarks: Enter information on the purpose of physical change of custody of the specimen; i.e.

"Released from UPL to UPL"

"Released from UPL to BTC for processing"

"Released to temporary overnight storage"

"Released from temporary overnight storage"

**\*\*NOTE:** If specimens require storage for any amount of time, enter the building number where the specimen was stored on the signature line and the room/container number on the printed name line. Be as specific as possible, and include building, room, key number and other identifying information.

#### **5. Items of Consideration when completing DD Form 2624:**

a. If errors are discovered while the UPL and/or donor review the documentation, then the UPL can make corrections on the DD Form 2624 as prescribed by this SOP (also see ACSAP UPL Handbook, Appendix I, Page II - 93).

b. Only the original (two-sided) DD Form 2624 will be sent to the FTDTL. The FTDTL will reject all specimens for testing that are accompanied by a reproduced **copy** of the form.

c. Local reproduction (excluding computer generated – DTP or Formflow) of DD Form 2624 is not authorized. The DD Form 2624 is a single sheet form, printed front and back. Do not use a copy machine to reproduce this form.

d. Each DD Form 2624 is limited to one test basis, for example, do not record IU, PO, or RO test basis on the same DD Form 2624.

e. Do not use DD 2624 for tracking empty bottles!

**6. Testing Register (Unit Urinalysis Ledger Sheet).** The Testing Register, also called Unit Urinalysis Ledger Sheet, is the primary official record of all unit biochemical testing, and the ***only*** document that identifies donors' name with batch numbers, specimen numbers, and SSNs. Each ledger is an official record, subject to the Privacy Act of 1974, and must be kept from unauthorized disclosure.

a. The Testing Register will be generated by the use of DTP or DTP Lite. Manually prepared Testing Register Sheets (**Appendix N**) will be used only in unusual circumstances.

b. The Testing Register must be secured at all times when not in use. Acceptable storage facilities for the testing register are:

(1) The UPL temporary storage facility (See Chapter 12, this SOP).

(2) The Commander's or 1SG's safe, if limited access.

(3) A locked filing cabinet, if limited access.

c. Testing Register entries (document number, specimen number, SSNs) must correspond to entries recorded on DD Form 2624.

d. Testing Register entries will be completed during each urinalysis testing process and will be presented to a BTC, with the corresponding specimens, during the specimen turn-in appointment.

e. In situations that a UPL is borrowed to conduct urinalysis testing for a unit other than his/her own unit, the Testing Register will be provided to the borrowing unit commander upon completion of the urinalysis collection process.

f. UPLs will update the Testing Register (result or comment column) upon receipt of test results.

g. Manual completion of the Testing Register Sheets. UPLs must ensure the following information is recorded on the Testing Register and that the information mirrors that of the information recorded on the corresponding DD Form 2624:

(1) Block 1. Submitting Unit: Unit designation and address to include street, city, state, and zip code.

(3) Block 2. UPL: Printed name of the UPL and initials.

(4) Block 3. Phone number of submitting unit.

(5) Block 4. Unit Identification Code.

(6) Block 5. Date specimen collected (year, month, day) e.g. collection date of 17 May 2000: 20000517. The date on the DD Form 2624 and the Testing Register must match.

(7) Block 6. Specimen number. Specimen numbers will be from 1 through 12. The specimen numbers on the DD Form 2624 and the Testing Register must match.

(8) Block 7. SSN: Enter complete SSN of Soldier to be tested. SSN on DD Form 2624 and Testing Register must match.

(9) Block 8. Test Basis

(10) Block 9. Soldier's rank, i.e., SGT or 1LT etc.

(11) Block 10. Soldier's printed name. Soldier will provide payroll signature later during the collection process (see Chapter 8).

(12) Block 11. Observer's printed name. Observer will provide payroll signature later during the collection process (see Chapter 8).

(13) Block 12. Action taken/remarks. This will be used to document unusual circumstances (i.e. no ID Card, identification verified by 1SG, short sample, etc.)

**\*\*NOTE: Do not send a copy of the Testing Register/Unit Urinalysis Ledger to the FTDTL. The Surgeon General's laboratory SOP directs the FTDTL to reject any specimen that can be identified by name.**

## CHAPTER 8

### **STEP-BY-STEP URINALYSIS COLLECTION PROCEDURES**

**PRE-COLLECTION PROCEDURES.** This section to be used in conjunction with the ACSAP UPL Handbook, Track 2, Module 3, Pages II 30 – II 34.

1. Unit commanders will select a testing date, number of personnel to be tested, and inform UPL. The UPL will then coordinate turn-in of the specimens to the IBCP by physically coming into the IBCP. If the UPL is notified of a urinalysis test on the morning of the test, the UPL will coordinate with the IBCP staff as soon as possible to schedule a turn-in for specimens. Knowledge of testing dates must be kept to an absolute minimum such as the Commander, First Sergeant and UPL!

2. UPL inventories supplies and then secures and/or signs for urine specimen bottles, tamper resistant tape, and other testing supplies as needed from the IBCP.

3. The commander selects personnel to be tested IAW with the Unit SAP SOP (See Chapter 2, Paragraph 3-e ) or directs the UPL to complete selection and document preparation using DTP or DTP Lite. Notification of personnel selected should be performed within 2 hours of beginning of testing, but no more than 6 hours prior. If personnel are in a formation when called out for testing or are in the immediate area and are informed that they must test, the individuals will proceed directly to the holding area. Once personnel have been selected the UPL will:

a. Secure the Working Copy from DTP or DTP Lite to identify Soldiers who have been selected to participate in the urinalysis. If a manual random selection was conducted, the UPL will secure a copy of the Alpha Roster to identify the participants.

b. Maintain the Working Copy or Alpha Roster once the urinalysis is completed. The Working Copy or Alpha Roster will be filed with the Testing Register and used to track Soldiers who were not available for testing.

4. Select latrines, testing site and holding area. The site for the urinalysis testing is of the utmost importance when planning the collection of specimens. The facility must be large enough to accommodate the Soldiers being tested, observers, and must provide security for the specimens. It must have latrines available for testing both male and female Soldiers. Depending on the number of males and females to be tested, there should be more than one latrine for either gender; thus, the Soldiers may be processed in a faster, more efficient manner. The Commander will place all latrines **off-limits** (using signs form ACSAP UPL Handbook, Appendix B, Page 52) and secure common area latrines. UPLs are responsible for inspecting latrines prior to utilization. At no time will cleaning supplies be left in the same area where specimens are being collected (i.e. bleach, cleanser, floor polish). The Commander should remain in the immediate area, as he/she is the only individual who can make the decision as what to do in unusual

circumstances.

5. Set up UPL collection table/station. UPLs will:

- a. Ensure he/she has a list of all personnel to be tested.
- b. Ensure that enough supplies are on hand for the number of Soldiers selected for testing, plus 10%.
- c. The UPL table/station should be set-up in a non-carpeted area with the UPLs back to the wall.
- d. Ensure that the collection table/station is made of non-absorbent material or covered with a waterproof backed absorbent covering, and has sufficient space to perform assigned duties.
- e. Ensure that the UPL Information Binder is present during the urinalysis testing.

6. The commander selects a NCO or officer to supervise personnel in the holding area. The NCO or officer in charge of the holding area is responsible for barring non-testing personnel from the area and to stop personnel selected to participate in the test, who have not provided a specimen, from leaving the area. The holding area supervisor is also responsible for monitoring fluid intake.

7. The commander selects the observer(s). The observer is a critical link in the urine specimen collection process. The observer is appointed by the unit commander and will always be of the same sex as the donor and possess sufficient maturity and integrity to ensure that the urine specimens that they observe are not contaminated or altered in any way. The observer can be held legally accountable for any contamination or adulteration with the specimens they observe. The UPL must be completely familiar with the duties of the observer and carefully brief each observer, **orally and in writing**, on their duties and potential liabilities **before** they perform duties as an observer. Observers must be briefed **every time a test is conducted**. A sample script of an oral briefing can be found at **Appendix O**. UPLs will require the observers to read and sign "Verification of Observer Responsibilities" statement (**Appendix P**).

8. Commander and UPL Briefing.

- a. The Commander should always brief the selected participants prior to beginning the collection process. This will ensure that all personnel understand the commander's intent and that Soldiers are being ordered (lawful order) to provide a urine specimen. (See ACSAP UPL Handbook, Page II - 58).
- b. The UPL should always give a short briefing, following the Commander's, to explain the collection process (See ACSAP UPL Handbook, Page II – 59).

**COLLECTION PROCEDURES: This section to be used in conjunction with the ACSAP UPL Handbook, Track 2, Module 3 D, Pages II 35- II 39.**

9. UPL will obtain ID card from donor. If the donor cannot produce his/her ID card:

a. He/she can be escorted (by observer) to retrieve the ID card if the ID card is in the local area.

b. The commander or 1SG can verify the donor's identity, and the SSN will be recorded from the DTP Working Copy or Alpha Roster. In this case, the method of donor identity must be documented on the Testing Register. The DTP Working Copy or Alpha Roster must then be kept on file with the Testing Register.

c. UPL can use the donor's state issued identification such as a driver's license as long as the license is current and has a photo on it. If the state issued identification does not have the SSN recorded on it then the SSN will be recorded from the DTP Working Copy or Alpha Roster.

10. UPL will review information recorded on the specimen bottle label, Testing Register and DD Form 2624 for DTP or DTP Lite created documents. The UPL will record the observer's printed name on the Testing Register. If the UPL is manually preparing documents the UPL will record all required information (per Chapter 7, this SOP) on the specimen bottle label, Testing Register, and DD Form 2624. The UPL is responsible for writing the donor's and the observer's printed name on the Testing Register for manually prepared documents.

11. While the UPL reviews and/or records information on testing documents the donor must remove any excess outer garments such as a BDU or PT jacket. He/she may retain possession of a wallet.

12. UPL directs donor to verify administrative information on the Testing Register and on DD Form 2624. UPL then directs donor to verify SSN on specimen bottle label and initial the bottle label, verifying that all information is correct.

13. The UPL will remove a new collection bottle from the box in front of the donor and replace it with the donor's ID Card. The UPL will then affix the label to the bottle in full view of both the donor and the observer, and hand the bottle to the Soldier. If the donor is a female, she will also be issued the optional wide mouth collection cup at this time.

14. The donor will ensure that the observer has full view of the bottle at all times.

15. The donor and observer will move to a secure latrine, with the donor carrying the bottle above his/her shoulder as to keep the bottle in full view of the observer.

16. Once in the latrine, the observer will direct the donor to wash his/her hands without the use of soap. The donor will then move to the appropriate facility to collect the

specimen.

17. The donor will remove the cap of the bottle in full view of the observer, and will hold it or place it face up on a clean surface. The cap and bottle must be in full view of the observer. The Donor will then proceed to fill the specimen bottle with at least 45ml of urine. The Observer must see urine leaving the body and entering the bottle. Female donors will pour urine from the collection cup into the urine specimen bottle **while directly watched by the observer.**

18. Donor will then cap the bottle and wipe it off if necessary. Donor may wash his/her hands with soap after recapping the specimen – both the observer and donor must keep the specimen in view while the donor washes his/her hands.

19. If the quantity of urine is not sufficient or the donor could not provide a specimen at all, the donor will carry the bottle back to the UPL who will then instruct the donor on how to destroy the bottle (see Chapter 13). The donor will return to the holding area, after he/she discards any specimen and destroys the bottle, until he/she can provide a specimen. The procedures will begin at Paragraph 9 above, but original entries on the DD Form 2624 and the Testing Register will be used.

20. If quantity of urine is sufficient, the donor will carry filled bottle back to the UPL, holding bottle above shoulder and walking in front of the observer, so the observer has constant view of the specimen bottle.

**\*\*NOTE: In special situations, the UPL can act as an observer at the same time.**

21. The donor will hand the specimen bottle containing his/her specimen to the UPL; both the donor and the observer will continue to keep the bottle in view.

22. The UPL will take the bottle, verify that the cap is secure, and inspect the specimen for possible adulteration. If adulteration is suspected, the UPL will secure the specimen and donor, then notify the commander immediately.

**\*\*NOTE: If adulteration is suspected, secure the specimen bottle and contents, then notify the commander and explain the circumstances (see Chapter 9, Paragraph 5).**

23. The UPL will now place tamper evident tape (TRT) across the bottle cap. TRT will be applied **only** by the UPL. TRT will be applied to the specimen bottle in the presence of the donor, and witnessed by the observer. The TRT will be one continuous piece placed over the top of the specimen cap and touching the specimen label on both sides. The tape may not cover any information recorded on the label! **The donor and observer must maintain visual contact with specimen bottle at all times until the specimen bottle has been correctly sealed and placed into collection box.** If the tamper evident tape breaks while applying:

- a. A Memorandum For Record will be prepared (example at **Appendix Q**).
  - b. The memorandum must be prepared “on the spot” with the donor, observer and UPL signing the document to concur with the information reflected on the document.
  - c. A second piece of tamper evident tape will be immediately applied to the specimen bottle (this must happen prior to the donor and/or observer leaving the area). The second piece of tamper evident tape must be applied 90 degrees from the original piece of tamper tape (ACSAP UPL Handbook, paragraph 7, page II-49).
24. The UPL will then initial the bottle label. The UPL’s initials signifies that he/she has received the specimen from the Soldier, checked for adulteration, ensured the cap was secure, and affixed tamper evident tape in the appropriate prescribed manner.
25. The UPL will place the sealed specimen bottle in the appropriate collection box, removing the donor’s ID Card. UPL will retain all specimens in his/her possession until they are put into temporary storage or turned in at the IBCP.
26. The Observer will sign the Testing Register in front of the UPL and donor to verify he/she has complied with the collection process, directly observed the donor provide the specimen, maintained eye contact with the specimen until it was placed in the collection box, and observed the UPL seal the specimen with tamper evident tape.
27. The donor will then sign the Testing Register in front of the both the observer and UPL verifying that he/she provided the urine in the specimen bottle and that he/she observed the UPL sealing the specimen with tamper evident tape and place the specimen in the collection box.
28. The ID Card will be returned to the donor at this time, and he/she is released from testing.
29. The UPL will continue to collect specimens in this manner until all specimens are collected.

**POST COLLECTION PROCEDURES: This section to be used in conjunction with the ACSAP UPL Handbook, Track 2, Module 3 E, Pages II 40 - 47.**

30. After the urinalysis collection is completed the UPL will perform a quality control inspection by verifying all SSNs on the Testing Register, DD Form 2624 and specimen bottle labels match. The UPL will also ensure that all the required information, signatures, and initials are on the bottle labels, Testing Registers, and DD Forms 2624.
31. The UPL will place each corresponding DD Form 2624 into the appropriate collection box and secure the top of the collection box with one (1) piece of tamper evident tape.



32. Prior to leaving the testing area the UPL will disinfect the testing table, pens, and any other items used or touched during the collection process.

33. The UPL will now transport the specimens to the IBCP for turn-in or place the specimens into temporary storage.

34. When turning specimens in to the IBCP, the UPL must present their UPL ID Card, and must also bring the corresponding Testing Registers and signed observer statements along with the specimens and DD Forms 2624.

35. Urine specimens must be turned in to the IBCP in a timely manner, normally by the end of the next duty day. If specimens must be stored at the unit level, provisions must be made for single key access to these specimens by the UPL (See Chapter 12). To turn-in specimens stored at the unit for longer than "the next duty day" the appropriate annotations must be recorded on the DD Form 2624 and a memorandum, signed by the unit commander, must accompany the specimens. The memorandum must detail:

- a. Why the specimens were stored for an extended period of time.
- b. What provisions were taken to ensure that the specimens were not compromised during storage. The commander must be able to state the chain of custody was maintained on the specimen(s).
- c. Who had absolute control over the specimens while they were in temporary storage and who had access to the specimens while they were in temporary storage.

36. UPLs will document any unusual events that occurred during the testing process on a memorandum of record (**Appendix R**) and submit it to the IBTC.

37. A Biochemical Test Coordinator (BTC), either the IBTC or an Assistant BTC, will receive all specimens from the UPL and will review all DD Form 2624s for completeness and accuracy of information. Information on bottle labels and DD Form 2624 must match. The UPL must remain in the presence of the BTC until all specimens have been reviewed by and signed for by the BTC.

38. If no discrepancies are noted, BTC will direct the UPL to sign "Released By" column of DD Form 2624 releasing custody of specimens to BTC. The BTC signs the "Received By" column verifying receipt of specimens.

39. If a discrepancy is found during the check, the BTC will initiate appropriate action, to correct discrepancy or error, if possible. All discrepancies that were found by a person (BTC) other than the one who made the error, cannot be corrected on the bottle label and/or the DD Form 2624 (i.e., wrong testing date) and must be documented on a Memorandum of Correction (**Appendix S**) describing the discrepancy, circumstances and corrective action taken. Memorandums of Correction:

- a. Must be signed by the UPL who made the error and the BTC.
- b. Must be attached to the DD Form 2624, and a copy will be filed at the IBCP.

40. If a discrepancy cannot be corrected, the BTC will instruct the UPL to void the specimen entries on the ledger book, the DD 2624, and then destroy the specimen and specimen container. Specimens voided under the direction of a BTC must be retested within 3 working days.

41. When all discrepancies have been resolved and the specimens signed for by the BTC, the UPL will make a copy of the DD Form 2624 and any memorandums of correction made.

42. The BTC will secure the copies of the DD 2624s and the memorandums of correction. The UPLs will then seal/wrap the box in front of the BTC IAW the ACSAP UPL Handbook, II 43 – 47.

## CHAPTER 9

### SPECIAL CIRCUMSTANCES

1. It is the Commander's option to permit a Soldier to consume beverages during the urinalysis. Donor's can be allowed to drink 8 oz of liquid every 30 - 45 minutes, not to exceed 40 oz. This practice should be closely monitored to preclude excessive dilution of the urine as a result of 'flooding' the system.
2. Soldiers **will** remain in the immediate testing area to preclude tampering. However, if allowed to leave by the Commander, an escort of equal or higher rank shall accompany the individual.
3. If a Soldier is unable to provide a specimen within a reasonable amount of time, the Commander may:
  - a. Direct the individual to perform physical exercise (with an NCO in attendance).
  - b. Request a physical examination of the Soldier to determine why the Soldier cannot urinate. This would be arranged through the unit aid station or medical clinic.
  - c. Seek approval from the OSJA for a more invasive procedure, i.e. IV or catheter insertion. Commanders **must** receive approval from OSJA for either of these procedures.
4. If a Soldier refuses to provide a specimen, the commander will be notified. The commander should give the Soldier a direct order to provide a specimen. If the Soldier then refuses, it will be a violation of a direct order and is subject to disciplinary action under UCMJ.
5. If the Soldier is observed tampering with his/her specimen or is suspected of tampering with a urinalysis specimen, the UPL will immediately notify the commander. The commander will consult with his/her Trial Counsel representative to see if one of the options below is warranted:
  - a. Notify CID. The suspected tampered specimen bottle will then become evidence and turned over to CID for submission to the CID Lab for verification of adulteration. Soldier and/or individuals involved will then be directed to provide a second specimen for submission to the FTDTL.
  - b. Send the specimen to the FTDTL as normal and direct a second specimen to be submitted as well. The second specimen must be submitted on a separate DD Form 2624 and the test basis will be coded either CO or PO.

6. Unit commanders desiring to conduct a urinalysis test (random or probable cause), but do not have a UPL available (due to deployed, mission, leave, etc.) will borrow a UPL from a "sister" unit to conduct the urinalysis test.

a. The borrowed UPL must be certified IAW Chapter 4 of this SOP and have current appointment orders on file with the ASAP.

b. The borrowed UPL will turn over Testing Registers, signed Observer Statements and any other documents used during the urinalysis to the borrowing company commander upon completion of the urinalysis.

c. The IBCP personnel will act as the UPL only in emergency situations (i.e., involving probable cause), and must be coordinated with the unit commander on a case-by-case basis. The commander must submit a memorandum requesting the IBCP staff to conduct the urinalysis test, prior to the test being conducted. The commander must also provide an observer for the test who will monitor the Soldier being tested until testing is completed. The memorandum must state:

(1) The name of the Trial Counsel or OSJA officer with whom the commander consulted before directing the test (if any).

(2) Reason for the test.

(3) Identity of Soldier who will be tested.

d. Commanders requesting a Soldier to be given a blood test must coordinate with the OSJA and the hospital.

7. Voided Urinalysis Specimen. Urinalysis specimens may be voided during the BTC inspection or by the FTDTL for administrative discrepancies or other circumstances that disqualify the specimen from being tested.

a. Specimens voided by a BTC must be retested within 3 working days.

b. If the FTDTL voids a specimen, codes will be reported through the IBTC to the Commander. These specimens must be retested no later than the next unit test (as directed by the unit SOP).

8. UPLs will participate in unit directed urinalysis tests when a 100% unit test is directed or when randomly selected.

a. UPLs must not handle their own specimen or have access to the temporary storage facility if their specimen is stored inside.

b. If the UPL is the only UPL in the unit or if another UPL from the unit is not available to test the selected UPL, then a UPL from a sister unit can conduct the test or:

- (1) a member of the IBCP staff will act as the UPL and conduct the test.
- (2) the UPL must bring an observer from the unit to act as his/her observer.

## CHAPTER 10

### **SPECIAL TESTING REQUESTS**

1. Special testing may be requested, by the unit commander, for any specimen to be tested for drugs in addition to the three mandatory drugs (THC, Cocaine and Amphetamines). Special testing can be based on CID and/or MP recommendations **or** Commander's discretion (choice) for random selection. Specific information is necessary to process the request for special testing. A special test request must be submitted by the unit commander through the IBTC, and must contain the following information:

- Date of request
- Base/Area Code
- Submitting Unit
- Unit Identification Code
- Commander requesting test
- Number of samples to be tested
- Drug(s) to be tested for (LSD, PCP, Barbiturates, Opiates)
- Date of Special Test (when specimens will be rendered)

2. Regular testing procedures will be followed as specified in this SOP. A sample of a special test request is at **Appendix T**.

3. Special Testing can also be conducted for drugs other than the seven drugs tested for by the Army FTDTLs. Prior approval must be obtained from the Army Center for Substance Abuse Programs (ACSAP) for this type of special testing. Unit commanders or UPLs must coordinate with the IBTC to request testing approval and testing guidelines on a case-by-case basis.

## CHAPTER 11

### MAKING ACCEPTABLE CORRECTIONS

1. **Only the individual making the error** can make the correction on the DD 2624, specimen bottle label and the Testing Register. In case of an administrative error in the completion of the bottle label, Testing Register, or DD Form 2624, corrections can ***only*** be made by ***single-lining through the mistake, initialing and dating correction (YYMMDD), and adding the correct entry.*** (See ACSAP Commanders Guide and UPL Handbook, Appendix I, Page 73)

2. If corrections cannot be annotated neatly on the DD Form 2624, Testing Register, or bottle label by the individual who made the error a Memorandum of Correction (example at **Appendix S**) will be used to correct and verify the process.

a. The Memorandum of Correction will be filled out noting the faulty information as it now reads and the correct information as it should read.

b. The Memorandum of Correction will be signed and dated by the UPL and verified by the commander, 1SG, alternate UPL, observer, or a member of the IBCP staff.

3. Chain of Custody corrections must be explained in a Memorandum of Correction.

4. The following are **n o t** acceptable corrections:

- Whiteout correction fluid
- Correction tape
- Erasures
- Write-over's
- Incomplete entries
- Pencil entries
- Illegible corrections
- Retracing for correction
- Incomplete corrections

5. If a specimen is voided at the unit level, a single line will be drawn through Block #7 through Block F, the word "**VOID**" will be written in Block G, and the UPL will place his/her initials and date (YYMMDD) in the line of the voided specimen, close to the error to be corrected. If DTP or DTP Lite is being used, the bar code of the voided specimen must be blacked out. No other method of correction is authorized, except by Memorandum of Correction as described in this chapter.

## CHAPTER 12

### STORAGE OF SPECIMENS

1. The location of urine specimens that have been stored prior to turn-in to the IBCP must be recorded on the DD Form 2624, Block 12, Chain of Custody. The same individual who releases specimens to storage, should always remove the samples from temporary storage (limited access area!). The UPL must choose storage facilities that guarantee limited access, which means, **only the UPL** who has custody of the specimens, should have access to the storage facility and the specimens. If a UPL does not have his/her own storage area, the unit commander's or first sergeant's safe may be used, but only if they are the only personnel with access to the safe.

**\*\*NOTE: The UPL placing the specimens in storage has absolute custody of specimens and responsibility may be delegated only in cases where the primary UPL is unable to complete the turn-in due to emergency or mission requirements.**

2. Guidelines for Safe Storage, per AR 600-85 and ACSAP Commander's Guide, Page II – 58.

a. A safe, secure filing cabinet, or metal wall locker will be used to store specimens. This storage container must be in a lockable room or office. Only a limited number of personnel can have access to the room or office.

b. The storage container must weigh at least 500 pounds or be attached to the structure of the building with a chain.

c. If a filing cabinet is used, then a metal bar hasp will be attached to run the entire height of the cabinet. Note: a hasp may be welded to the top drawer, but then only the top drawer may be utilized for temporary storage.

d. The storage container will have a key type padlock (with only 2 keys), which is used to secure the hasp. One key will be issued to the primary UPL, the other key will be secured in a sealed envelope (signed by the key control custodian across the seal) and placed in the commander's safe. Both keys will be issued IAW local key control SOPs.

e. All opening/closing of the storage container will be annotated on a SF 702.

f. The DD Form 2624 must indicate the exact location of the specimens during storage, to include building number, room number and storage container number (if applicable).



3. If the unit Arms Room is used for temporary storage, the UPL must lock the specimens inside a storage container to secure them. The storage container inside the Arms Room does not need to weigh 500 pounds, but the keys to the wall locker must be maintained IAW above directives. The unit Armor should not have free access to the specimen bottles.

## CHAPTER 13

### DISINFECTION, SPILLS, AND WASTE DISPOSAL

1. Reference ACSAP UPL Handbook, Track II, Module 2: Bio-Safety, Pages II-16 - 21.
2. Disinfection. UPLs will disinfect urinalysis collection areas and utilized pens after testing is completed. Disinfection will prevent the spread of diseases, such as hepatitis, that may be contracted through contact with urine. Disinfection of collection areas may be accomplished by either one of the following methods (while wearing protective gloves):
  - a. Cover the area with a solution that is at least 70% methanol or ethanol alcohol and let the solution air-dry.
  - b. Cover the area with a solution that is a disinfectant or germicide and let air-dry.
  - c. Prepare a fresh (within 8 hours of use) 10% bleach-water solution, by mixing one-part bleach with nine parts water (i.e., 1/2 cup bleach to 4 1/2 cups water). Cover the area with the solution and let air-dry.
  - d. Spray bottles with solution mixes must have a label affixed to include information on the product used, solution rate, date mixed, date solution expires and the UPL initials of who mixed it.
3. Spills. If an accident occurs and urine is spilled the following steps must be followed:
  - a. Put on protective gloves and ensure that clothing does not hang or drag.
  - b. Layer paper towels on top of the spill ensuring that the spill is completely covered and absorbed.
  - c. Saturate the paper towels with disinfectant and let set for a minimum of five minutes.
  - d. Use additional paper towels to pick up the contaminated paper towels and dispose of them.
  - e. Clean the area with cleaner such as soap and water, ensuring that any residue is completely removed.

**\*\*NOTE: Do not mix cleaners that contain ammonia or bleach. Ammonia and bleach combine to form a deadly chlorine gas.**

#### 4. Used Specimen Bottles and Waste Disposal.

a. To dispose of used specimen bottles:

- (1) Put on gloves!
- (2) Black out SSN and remove label (if applicable).
- (3) Pour urine into toilet.
- (4) Rinse specimen bottle with tap water, then empty water into toilet.
- (5) Recap bottle, then step on bottle to destroy and make unusable.
- (6) Place bottle in trash.

b. Per HSC Regulation 40-35, HQ USA Health Services Command, Fort Sam Houston, general waste is disposed of by normal waste disposal methods without pretreatment. This includes urinalysis testing waste such as used gloves, empty used specimen containers, paper towels used to clean up urine spills or used for disinfection purposes, etc. This waste is not considered hazardous waste, requires no further treatment, and can be disposed of in ordinary refuse containers.

## CHAPTER 14

### NOTIFICATION OF TESTING RESULTS

1. General. All results are reported by the FTDTL to the ADCO and IBTC electronically. All Electronic DD Form 2624 results are considered certified final results.

a. A memorandum (**Appendix U**) will be provided to the unit detailing the results of each unit test and will be available for UPLs to pick up within 2 - 3 weeks following specimen turn-in. The number of positive results will be listed on this memorandum, but a copy of the Electronic DD Form 2624 showing the positive result will be provided under separate cover (see paragraph 2 below). All results will be signed for either by the UPL, unit Commander, or unit 1SG.

b. Upon receipt of the results memorandum, UPLs will ensure that the unit commander has the opportunity to review the results. UPLs will then add the result memorandum to the unit urinalysis testing files (see Chapter 16) and update the corresponding Testing Register(s). Results will be annotated on the Testing Register in Comments or Action Taken/Remarks column. Care must be taken to ensure that the correct results are recorded for the corresponding specimen. Documentation on all test results must be maintained IAW AR 25-400-2 (ARIMS).

#### 2. Positive Results.

a. The Electronic DD Form 2624 is considered to be the certified test results and can be used for administrative or disciplinary action. In the event that a true and accurate copy of the original DD Form 2624 is required for disciplinary action a copy can be requested from the FTDTL by the unit commander.

b. The Electronic DD Form 2624 reflecting a positive urinalysis test result is considered court evidence and will be maintained in a secured area, preferably by the unit commander.

c. Units requesting additional copies of an Electronic DD Form 2624 reflecting a positive urinalysis test result must request the additional copies on a memorandum. The memorandum must contain:

- (1) Unit address.
- (2) Date the urinalysis test was conducted.
- (3) SSN of the Soldier the positive result was issued for.
- (4) Commander's signature block and signature.

d. Electronic DD Forms 2624 provided to the unit commander that reflect a positive urinalysis test result will be accompanied by a memorandum. The memorandum will state the type of drug(s) the specimen was positive for and any special instructions the unit commander might need (**Appendix V and W**).

### 3. Procedures for Positive Results.

a. A staff member from the IBCP will telephonically notify the unit commander when an Electronic DD Form 2624 arrives reflecting a positive result. Details of positive results (SSNs) will not be given over the phone. Unit commanders or their designated representative, i.e. First Sergeant or UPL (ID Card required) must personally pick-up and sign for each Electronic DD Form 2624 reflecting a positive result. The IBTC will forward the Electronic DD Form 2624 to Commanders who reside outside of the immediate Fort Carson area via Federal Express.

b. Soldiers who test positive for amphetamines (with the exception of Ecstasy), barbiturates, or opiates (with the exception of heroin) must be referred to the Medical Review Officer for determination of authorized or unauthorized use. A memorandum providing MRO review designation and information will be provided with the Electronic DD Form 2624 (**Appendix V**).

(1) The IBTC will forward all positive results requiring a MRO Evaluation to the ASAP Clinic Clinical Director (CD). The CD will provide the positive results to the MRO who will perform a records check through the military pharmacy system. In the event that a Soldier has or had a prescription from a civilian medical provider, another military installation, or for treatment during deployment, the commander must contact the ASAP Clinic to schedule a MRO Evaluation appointment. No actions, such as Article 15s, processing for chapter elimination, courts-martial, etc, may be administered prior to the MRO's final disposition of the positive result.

(2) If the MRO determines the drug use to be legal/authorized use then:

(a) He/she will forward a copy of his/her report to the ADCO and/or IBTC, who will in turn forward the report to the unit commander.

(b) The UPL will annotate on the Testing Register, in the Comment or Action Taken/ Remarks column, the type of drug positive and "authorized use".

(c) No further action is required against the Soldier. This result must not be reported to the Provost Marshal or CID.

(3) If the MRO determines the drug use to be unauthorized use then:

(a) He/she will forward a copy of his/her report to the ADCO and/or IBTC who will in turn will forward the report to the unit commander.

(b) The UPL will annotate on the Testing Register, in the Comment or Action Taken/ Remarks column, the type of drug positive and "unauthorized use."

(c) The commander will continue with paragraph 2 c. below.

c. Soldiers who test positive for marijuana (THC), cocaine (COC), lysergic acid diethylamide (LSD), phencyclidine (PCP) or who have been determined by the MRO to have illegally used an opiate, barbiturate or amphetamine the commander will:

- (1) Immediately report the positive results to CID.
- (2) Initiate FLAG.
- (3) Initiate a Commander's Inquiry if CID chooses not to investigate the positive results.
- (4) Refer the individual to the ASAP - Clinic for an evaluation/screening appointment within three working days.
- (5) Consider adverse action.
- (6) Initiate a separation action.

## CHAPTER 15

### RETEST AND LITIGATION

1. Retention of Specimen. The Commander will ensure that positive specimens used in UCMJ or adverse administrative actions are retained by the servicing laboratory until the action is complete. Supporting Staff Judge Advocates should be consulted to determine when UCMJ and adverse administrative actions are complete for purpose of retaining positive specimens. Examples of completed actions include nonjudicial punishment under Article 15, UCMJ, which is complete on date punishment is imposed; courts-martial are complete on date approved by the approving authority. The servicing laboratory will automatically retain positive specimens for a period of 360 days from date the laboratory certifying official signs DD 2624 (Specimen Custody Document - Drug Testing) containing results for a particular specimen. If retention beyond this 360-day period is necessary, the unit commander will send an electronic message or letter to the laboratory requesting the positive specimen to be retained. In response to this request, the servicing laboratory will retain the specimen for an additional 360 days after the end of initial 360-day period. Should retention beyond this total period of 360 days be necessary, the unit commander must request an additional period of retention. This request must specify the period for which specimen is to be retained and provide justification for this additional period.

2. Retest of Specimen. Urine specimens may be retested, providing a sufficient quantity of specimen is available to permit retesting. All requests for a retest will be in writing (example at **Appendix X**). Retesting will be accomplished:

a. Upon request of submitting command, Soldier, or attorney representing the Soldier. All requests must be forwarded through submitting command to the confirmatory laboratory performing the initial test.

b. Upon request of an administrative board under rules applicable to the board.

c. Upon order of a courts-martial or rules applicable to the courts-martial.

3. A Soldier may obtain a retest at a commercial laboratory outside a DOD laboratory system at his/her own expense, providing:

a. that a sufficient quantity of urine is available to permit retesting.

b. that the commercial laboratory completes testing by GC/MS or other technology approved by the DASD(DEP&S) and may report the result of the retest as positive if the concentration is equal to or above the limit of detection for that particular drug.

4. All retests, hold, and litigation packets must be requested by written message from, or through, submitting command and sent to the following address:

**Forensic Toxicology Drug Testing Laboratory (FTDTL)**  
**ATTN: HSHK-DCC-D**  
**Tripler AMC, HI 96859-5000**

5. The unit commander may consult the IBTC, prior to requesting a retest, for further information. Each request is an independent action, please specify what is needed. Requests must include the following information:

ASAP Base/Area Code  
Unit Identification Code  
Submitting Unit  
Additional Service Information  
Date Specimen Collected  
Document/Batch Number  
Lab accession number  
Social Security Number  
Drug Positive for:  
Name and rank of submitting commander for retest, hold or litigation packet  
Unit address and phone number  
For litigation support, specify court-martial/chapter elimination board date.



## CHAPTER 16

### **DISPOSITION OF URINALYSIS TESTING RECORDS**

1. Urinalysis records, to include Observer Statements, Testing Registers, Results Memoranda, DTP Working Copies/Unit Alpha Rosters, Memoranda of Unusual Occurrence, etc, will be filed and secured in accordance with AR 25-400-2 (ARIMS).

a. All documentation relating to a test that has any positive results will be filed and maintained for a period of three years following the cut-off date for the appropriate year (File Number 600-85e1).

b. All documentation relating to a test receiving all negative results will be filed and maintained for a period of one year following the cut-off date for the appropriate year (File Number 600-85e2).

c. Upon completion of a urinalysis test, the Testing Registers and other documents as listed in paragraph 1 above must be placed within either an authorized filing system or inside a three ring binder with documents secured by document protectors. The documents must be filed in order of the collection or testing dates with the most recent test being toward the front. If a binder is used or whenever the Testing Register is removed from the filing system, a "For Official Use Only" or "Personal In Nature" sheet must be affixed to the outside front cover of the binder or file folder.

d. The Testing Register must be secured at all times when not in use. Acceptable storage facilities for the testing register are:

(1) The UPL temporary storage facility (See Chapter 12).

(2) The Commander's or 1SG's safe, if limited access.

(3) A locked filing cabinet, if limited access.

2. Deactivating Units. Deactivating units on Fort Carson will forward all their urinalysis testing records, i.e. Testing Registers, positive results, DD Forms 2624, etc., to the ASAP-FC for appropriate disposition. The primary UPLs are responsible for transfer of all urinalysis testing files **prior** to complete deactivation of their unit. Turn-in of files must be coordinated with the IBTC.

## CHAPTER 17

### ALCOHOL BREATH TESTING

1. A calibrated, non-evidentiary Breathalyzer, Alco-Sensor IV, will be available from the ASAP-FC for unit use. This equipment will be used for screening purposes only. UCMJ will not be administered as the result of a positive reading from this test.

a. Commanders can test a whole unit or a random selection of personnel at any time as part of an inspection. A positive breath test is not enough for probable cause; the Soldier must also smell of alcohol or present some other alcohol impairment (contact your unit's Trial Counsel).

b. Commanders can test individual Soldiers for "probable cause" (contact OSJA). If a commander has probable cause to test a Soldier for alcohol he/she can have the Soldier tested for a legal blood alcohol test (BAT) or an evidentiary breath test.

(1) It is the unit commander's responsibility to ensure that all Soldiers who test positive (BAC .05 or above during duty hours) during the breathalyzer screening test and meet probable cause criteria (See paragraph 1 a, above) are escorted to the Military Police Station for an evidentiary breath test.

(2) Results of an evidentiary breath test, performed through the Military Police, can be used for UCMJ purposes. Coordination should be made with the MP Station prior to commencement of the unit breath test.

**\*\*NOTE: Legal BATs and evidentiary Breathalyzer tests require coordination with MPs and/or Military Treatment Facilities. Check with these agencies for requirements.**

c. Soldiers who are given an alcohol breath test during unit functions for safety purposes (i.e. organizational day, dining-ins, unit parties, etc) do not need to be escorted to the MP station for evidentiary alcohol breath testing.

2. Maintenance and calibration of the ABMD (Alco-Sensor IV) will be performed IAW manufacturer's instructions by a member of the ASAP staff only. The ABMD equipment will be inspected for proper operation before and after the equipment is checked out for use by a UPL.

3. The ABMD can be signed out through the ASAP staff, primarily through the IBCP.

a. The ASAP staff will ensure that all UPLs signing for the ABMD are fully trained in the equipment's correct operation. A block of instruction will be provided at every sign-out, with the ASAP staff member observing the UPL performing a "mock" test.

b. The ASAP staff member will initiate sign-out of the ABMD by filling out the ABMD Sign-Out Log.

c. The UPL receiving the equipment will review the information recorded on the ABMD Sign-Out Log and, if correct, sign the Log with payroll signature and print date of transaction. If information is not correct then, the staff member will line through incorrect information and initial and date the error. The correct information will then be recorded.

d. The UPL signing for the equipment will receive the ABMD, carrying case, enough mouth pieces as necessary to complete testing and a Alcohol Breath Test Accountability Sheet (**Appendix Y**), which the UPL is required to complete.

e. ABMD checkout will be for a period not to exceed 24 hours.

#### 4. Turn-in of ABMD.

a. The ABMD will be inspected by a member of the ASAP staff during turn-in of ABMD equipment from the UPL. The inspection will include ensuring equipment is operating correctly, whether any damage has occurred, and if calibration is necessary.

b. The Alcohol Breath Test Accountability Sheet will be reviewed and necessary information recorded in the ABMD Sign-Out Log.

c. Unused mouthpieces, that are still wrapped in original packaging, will be collected by the ASAP staff member for future use.